



Seattle Fire Department  
Confidence Test Report  
206-386-1351 Confidence Testing Officer  
206-615-1068 (fax)

**EMERGENCY GENERATOR**  
**(One System per Report)**

Occupancy Address: _____	Occupancy Name: _____
Responsible Person: _____	Phone Number: _____
Building Owner: _____	Phone Number: _____
Building Owner Address _____	
Date of Inspection: _____ Type of Inspection: Quarterly <input type="checkbox"/> Annual <input type="checkbox"/> Acceptance <input type="checkbox"/> Other <input type="checkbox"/>	
Testers Name (Please Print): _____	SFD Certification Number: _____

Gen. Manufacturer \_\_\_\_\_

Engine Brand \_\_\_\_\_

RPM	KVA	Hour Meter Reading:
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1. Starts on power failure: (Trip main disconnect for the emergency panel)..... Yes ☐ No ☐
2. Volts ? Amps ? Hertz ? (full load)
3. Is generator run light on?..... Yes ☐ No ☐
4. Is maintenance record posted?..... Yes ☐ No ☐
5. Who does maintenance? \_\_\_\_\_
6. Adequate fuel supply?.....(2HR min)..... Yes ☐ No ☐
7. Do transfer switches operate correctly?..... Yes ☐ No ☐
8. Is any non-emergency equipment connected to the generator?..... Yes ☐ No ☐
9. Does connected load exceed generator capacity?..... Yes ☐ No ☐
10. Does connected load exceed generator capacity?..... Yes ☐ No ☐
11. Acceptance tests required copy of manufacturer's certification.

**Problems Found:**  
\_\_\_\_\_  
\_\_\_\_\_

**Corrections Made:** \_\_\_\_\_ **Date Corrected:** \_\_\_\_\_ **Corrected By:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE OF TESTER** \_\_\_\_\_

**AGENCY** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_